

**MATERNAL CHILD HEALTH SERVICES  
HOOSIER HEALTHWISE  
FIRST STEPS EARLY INTERVENTION SYSTEM  
CHILDREN'S SPECIAL HEALTH CARE SERVICES  
AUTHORIZATION TO RELEASE AND SHARE MEDICAL INFORMATION**

PLEASE REVIEW THE INFORMATION ON THE REVERSE SIDE OF THIS FORM, AND HAVE YOUR INTAKE/SERVICE COORDINATOR DISCUSS ANY QUESTIONS THAT YOU MAY HAVE BEFORE SIGNING BELOW.

I/We, \_\_\_\_\_ hereby authorize:  
Parent/Legal Guardian Name(s)

\_\_\_\_\_  
Physician/Health/Medical Care Provider or Facility Name

\_\_\_\_\_  
Practice/Hospital (as applicable)

\_\_\_\_\_  
Street Address/Post Office

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

To communicate and to share information including medical ("Protected Health Information"), in writing and conversation, with the First Steps Early Intervention Service System and Children's Special Health Care Services regarding:

\_\_\_\_\_  
Child's Legal Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address/Post Office

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

This authorization includes the following types of information: (as checked 4)

- \_\_\_\_\_ Medical record information including but not limited to: progress notes, laboratory and x-ray reports, history and physical, discharge summary and treatment plan(s)
- \_\_\_\_\_ Written specialty reports including assessments
- \_\_\_\_\_ The Individualized Family Service Plan (IFSP)
- \_\_\_\_\_ Progress reports
- \_\_\_\_\_ Correspondence and other communication regarding eligibility and/or the provision of early intervention services and/or special health care services
- \_\_\_\_\_ Medical record information required to determine eligibility, participate in service planning, and/or provide early intervention services as defined in the Individualized Family Service Plan (IFSP)

**I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS RELEASE, AS CONTAINED ON THE REVERSE SIDE OF THIS FORM.**

\_\_\_\_\_  
Signature (Participant if over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent/Legal Guardian) (Surrogate Parent-for education only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake/Service Coordinator/Interviewer/Witness

\_\_\_\_\_  
Date

- OVER -